	Requirement/s	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	**Month** **Year** **Comments**
Breakfast	Milk																
	Vegetable **or** Fruit																
	Cereal **or** Bread Alternate																
AM	**Snack select 2 different items from these 4 groups: 1.** Milk **2.** Meat or Alternate **3.** Vegetable or Fruit **4.** Bread or Alternate																
Lunch	Milk																
	Meat **or** Meat Alternate																
	Vegetable **or** Fruit																
	Vegetable **or** Fruit																
	Bread **or** Bread Alternate																
PM	**Snack select 2 different items from these 4 groups: 1.** Milk **2.** Meat or Alternate **3.** Vegetable or Fruit **4.** Bread or Alternate																**Check if applicable:** Convenience or Combination foods are ☐ Homemade Or ☐ CN label copy provided
Dinner	Milk																
	Meat **or** Meat Alternate																
	Vegetable **or** Fruit																
	Vegetable **or** Fruit																
	Bread **or** Bread Alternate																
Night	**Snack select 2 different items from these 4 groups: 1.** Milk **2.** Meat or Alternate **3.** Vegetable or Fruit **4.** Bread or Alternate																

	Requirement/s	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Breakfast	Milk																
	Vegetable **or** Fruit																
	Cereal **or** Bread Alternate																
AM	**Snack select 2 different items from these 4 groups: 1.** Milk **2.** Meat or Alternate **3.** Vegetable or Fruit **4.** Bread or Alternate																
Lunch	Milk																
	Meat **or** Meat Alternate																
	Vegetable **or** Fruit																
	Vegetable **or** Fruit																
	Bread **or** Bread Alternate																
PM	**Snack select 2 different items from these 4 groups: 1.** Milk **2.** Meat or Alternate **3.** Vegetable or Fruit **4.** Bread or Alternate																
Dinner	Milk																
	Meat **or** Meat Alternate																
	Vegetable **or** Fruit																
	Vegetable **or** Fruit																
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Night	**Snack select 2 different items from these 4 groups: 1.** Milk **2.** Meat or Alternate **3.** Vegetable or Fruit **4.** Bread or Alternate																